



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

United States of America,

—v—

Eric Fernandez,

Defendant.

12-cr-844-9 (AJN)

ORDER

ALISON J. NATHAN, District Judge:

Defendant Eric Fernandez has moved for compassionate release under 18 U.S.C. § 3582(c)(1). The Government is hereby ordered to respond to the motion by no later than May 20, 2020.

The Defendant is also advised that he may request the appointment of counsel if he is unable to afford a lawyer. Attached to this order is a financial affidavit form. If the Defendant requests counsel to appointed, he should fill out and submit this form with his application.

The Clerk of Court is respectfully directed to mail a copy of this order to the Defendant.

SO ORDERED.

Dated: May 15, 2020
New York, New York

A handwritten signature in black ink, appearing to read "Alison J. Nathan".

ALISON J. NATHAN
United States District Judge

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE

IN THE UNITED STATES ☐ DISTRICT COURT ☐ COURT OF APPEALS ☐ OTHER (Specify below)

IN THE CASE OF

_____ v. _____

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

CHARGE/OFFENSE (describe if applicable & check box→)

☐ Felony
☐ Misdemeanor

- 1 ☐ Defendant - Adult
- 2 ☐ Defendant - Juvenile
- 3 ☐ Appellant
- 4 ☐ Probation Violator
- 5 ☐ Supervised Release Violator
- 5 ☐ Habeas Petitioner
- 7 ☐ 2255 Petitioner
- 8 ☐ Material Witness
- 9 ☐ Other (Specify) _____

DOCKET NUMBERS

Magistrate Judge

District Court

Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

INCOME & ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self-Employed									
		Name and address of employer: _____ IF YES , how much do you earn per month? \$ _____ IF NO , give month and year of last employment? _____ How much did you earn per month? \$ _____									
	OTHER INCOME	If married, is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES , how much does your spouse earn per month? \$ _____ If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____									
		Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No <table border="1"><thead><tr><th>RECEIVED</th><th>SOURCES</th></tr></thead><tbody><tr><td>IF YES, give the amount received and identify the sources</td><td>\$ _____</td></tr><tr><td></td><td>\$ _____</td></tr><tr><td></td><td>\$ _____</td></tr></tbody></table>	RECEIVED	SOURCES	IF YES , give the amount received and identify the sources	\$ _____		\$ _____		\$ _____	
RECEIVED	SOURCES										
IF YES , give the amount received and identify the sources	\$ _____										
	\$ _____										
	\$ _____										
CASH	Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES , total amount? \$ _____										
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No <table border="1"><thead><tr><th>VALUE</th><th>DESCRIPTION</th></tr></thead><tbody><tr><td>IF YES, give value and description for each</td><td>\$ _____</td></tr><tr><td></td><td>\$ _____</td></tr><tr><td></td><td>\$ _____</td></tr><tr><td></td><td>\$ _____</td></tr></tbody></table>	VALUE	DESCRIPTION	IF YES , give value and description for each	\$ _____		\$ _____		\$ _____		\$ _____
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IF YES , give value and description for each	\$ _____										
	\$ _____										
	\$ _____										
	\$ _____										

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS ____ Single ____ Married ____ Widowed ____ Separated or Divorced	Total No. of Dependents ____	List persons you actually support and your relationship to them _____ _____ _____
	DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.)	DESCRIPTION	TOTAL DEBT	MONTHLY PAYMENT
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Date

FD/CJA/RET. ATTORNEY (PRINT)



APPROVED



DENIED

ASSISTANT UNITED STATES ATTORNEY (PRINT)

SIGNATURE OF JUDICIAL OFFICER

DATE